			E CONSTRUCTOR	dreumany gestroughtung 1880s	nggar servarar acrahadhoraacjor	dia acrolleci quest et transit en pr	Anneld spraye maket Villeconnot comes:
Fees pursuant to the Consultdated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
FEE TRANSMITTAL for FY 2008 Applicant claims small entity status. See 37 CFR 1.27				Scation Number	umber 10/526,530		
				g Date	March 2, 2005		
				Named Inventor	Terry Wayne Loci	vidge, et al.	
				miner Name	Jonathan V. Lewis		
TOTAL AMOUNT OF PAYMENT (\$) 1050 00				Jnst	2823		******
TOTAL AMOUNT OF PA	AYMENT	(\$) 1050 00	Atto	mey Docket No.	PIJ020414		
METHOD OF PAYME	IT (check :	all that apply) CUS	FOMER !	NUMBER 244	98	***************************************	
Check Credit C	ard [] Mo	niey Order 🔲 Non	e [] Otho	r (please identif	y):		
Deposit Account De	posit Accou	nt Number: 07-0832		Deposit Acco	ount Name: THO	MSON LICENSI	NG.LLC
For the above-i	dentified dep	osit account, the Dire	ctor is herel	by authorized to:	(check all that ap	oply)	
Charge t	ee(s) indicat	ed below		Char	rge fee(s) indicate	ed below, except	for the filing fee
		If fee(s) or underpaym	ents of fee	s) 🗵 Cred	lit any overpayme	ents	
Under 3' WARNING, Information on I	CFR 1.16	and 1.17 become public. Credit	card inform	ation should not b	se included on this	form. Provide cre	edit card
information and authorizati	on on PTO-20	138.					
FEE CALCULATION							
1. BASIC FILING, SE							
	FILING	FEES Small Entity	SEARC	H FEES Small Entit		Small Entity	
Application Type	Fee (\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility	31()	155	516	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	516	255	620	310	
Provisional	210	105	0	0	0	Ð	
2. EXCESS CLAIM F	EES						Small Entity
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							25
Each independent claim over 3 (including Reissues)						210 370	105
Multiple dependent claims Total Claims Extra Claims Fee(\$)				Fee Paid (\$)			185 Dependent Claims
Total Claims -20 or H		X CRAIS	u - E	en Laid (3)		Fee (\$1	
***************************************						1.66.18	100 1 110 197
Indep, Claims		paid for, if greater than 2 Claims Fee(\$		ee Paid (\$)			************
- 3 or HF		X X	u .	40 (414 14)			
		t claims paid for, if great	or than 3.				
3. APPLICATION SIZ							
If the specification and	drawings c	ceed 100 sheets of p	aper (exclu	ding electronical	lly filed sequence	or computer	
hstrags under l	17 CFR 1.52	(e)), the application s	size fee due	is \$250 (\$125 fc	or small entity) fo	or each additions	1.50
		See 35 U.S.C. 41(a)(1					m m 1 s m1
Total Sheets					r fraction there	or Fee (\$)	Fee Paid (\$)
) =	/ 50 ≈	(round	up to a whole r	number) x		
OTHER FEE(S)	Fees Paid (\$)						
Amendment and Response w/Request for Extension of Time							1050.00
Total.							1050.00
SUBMITTED BY	7)	11 - 77	-17		***************************************		***************************************
Segnature	11,2/1	WAR.	ail	Fosgistration No.	67,368	Tetrophon	6 317 587-4507
Arian (Dent/Year) 44	chael & Firm	2.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e ff bei	(Altomey/Agent)		Date	August 6, 2058